



NEW HORIZONS SUPPLY COOPERATIVE

770 Lincoln Ave. Fennimore, WI 53809
 Phone 608-822-3217 1-800-321-2128
 Email: newhorizons@tds.net

CUSTOMER ACCOUNT INFORMATION

ACCOUNT UPDATE

NEW ACCOUNT

Products expected to purchase:

Automotive Repairs Diesel
 Farm Supplies Feed
 Propane Convenience Store Gas/Diesel
 Fuel Oil Pump 24 Cards

Pump 24
 24 Hr. Gas/Diesel Card for your vehicle at 5 locations: Boscobel, Blue River, Gays Mills, Fennimore and Patch Grove.
 Would you like Pump 24 Card? _____ How many cards would you like? _____
 How many gallons does your tank hold? _____
 Whose names on cards? _____

NAME: LAST	FIRST	M..I	SOCIAL SECURITY NUMBER OR ID#	HOME PHONE	DATE OF BIRTH
APPLICATION DATE	CELL PHONE		EMAIL ADDRESS		
STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	YEARS AT PRESENT ADDRESS
PREVIOUS ADDRESS			CITY	STATE	ZIP CODE
PRESENT EMPLOYER		YEARS THERE	POSITION (IF SELF EMPLOYED - NATURE OF BUSINESS)		MONTHLY INCOME (OPTIONAL) <small>(DO NOT INCLUDE SPOUSE INCOME)</small>
ADDRESS			CITY	STATE	ZIP CODE
PREVIOUS EMPLOYER		YEARS THERE	POSITION		

SPOUSE/CO-APPLICANT

COMPLETE THIS PART ONLY IF: (1) Another person will use the account. Such person must also sign the application and will be jointly obligated on the account. OR (2) You are relying on income derived from a spouse or former spouse including child support, alimony or maintenance payments for repayment of the account.

NAME: LAST	FIRST	M.I.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP
STREET ADDRESS	CITY	STATE	ZIP CODE	YEARS THERE	PHONE NUMBER
EMPLOYER NAME AND ADDRESS			YEARS THERE/POSITION		MONTHLY INCOME

FARM OPERATIONS

<input type="checkbox"/> Corn # of Acres Owned _____	<input type="checkbox"/> Wheat # of Acres Owned _____	<input type="checkbox"/> Dairy (Milking) # of Head _____	<input type="checkbox"/> Other # of Head _____
<input type="checkbox"/> Soybeans # of Acres Owned _____	<input type="checkbox"/> Hay # of Acres Owned _____	<input type="checkbox"/> Steers _____	_____
		<input type="checkbox"/> Hogs _____	_____

REFERENCES

OWN RENT
 LANDLORD OR MORTGAGE HOLDER

NEAREST RELATIVE	ADDRESS	PHONE
PREVIOUS SUPPLIER	ADDRESS	PHONE

Notice For married Wisconsin residents:

Wisconsin law provides that no agreement, unilateral statement or court decree relating to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. You must indicate the name of your spouse in the co-applicant/spouse section of this application.

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I also reaffirm the above consent relative to allocation of patronage refunds for tax purposes. I give New Horizons Supply Cooperative permission to request and receive financial information on my accounts and accept the terms of the credit agreement and disclosure notice on page two.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT/SPOUSE SIGN HERE	DATE
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The Federal Truth in Lending Act requires prompt correction of billing mistakes.

1. If you want to preserve your rights under the Act, here's what to do if you think your bill is wrong or if you need more information about an item on our bill.
 - a. Do not write on the bill. On a separate sheet of paper, write (you may telephone your inquiry BUT DOING SO WILL NOT PRESERVE YOUR RIGHTS UNDER THIS LAW) the following:
 - i. Your name and account number.
 - ii. A description of the error and an explanation (to the extent you can explain) why you believe it is an error.

If you need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge such as a copy of the charge slip. Do not send in your copy of a sales slip or other document unless you have a duplicate copy for your records.
 - iii. The dollar amount of the suspected error.
 - iv. Any other information (such as your address) which you think will help us to identify you or the reason for your complaint or inquiry.
 - b. Send your billing error notice to the address on your bill which is listed after the words "Send inquiries to."
Mail it as soon as you can, but in any case, early enough to reach us within 60 days after the bill was mailed to you.
2. We must acknowledge all letters pointing out possible errors within 30 days of receipt, unless we are able to correct your bill during that 30 days. Within 90 days after receiving your letter, we must either correct the error or explain why we believe the bill was correct. Once we have explained the bill, we have no further obligation to you even though you still believe there is an error, except as provided in paragraph 5 below.
3. After we have been notified, neither we nor a collection agency may send you collection letters or take other collection action with respect to the amount in dispute, but periodic statements may be sent to you, and the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. **HOWEVER, YOU REMAIN OBLIGATED TO PAY THE PARTS OF YOUR BILL NOT IN DISPUTE.**
4. If it is determined that we have made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out that we have not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, we must send you a written notification of what you owe, and if it is determined that we did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges on the disputed amount can be charged to you.
5. If our explanation does not satisfy you and you notify us in WRITING WITHIN 10 DAYS after you receive this explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and other creditors and may pursue regular collection procedures. But we must also report that you think you do not owe the money, and we must let you know to whom such reports were made. Once the matter has been settled between you and us, we must notify those to whom we reported you as delinquent of the subsequent resolution.
6. If we do not follow these rules, we are not allowed to collect the first \$50 of the disputed amount and finance charges, even if the bill turns out to be correct.
7. If you have a problem with property or services purchased, you may have the right not to pay the remaining amount due on them if you first try in good faith to return them or give the merchant a chance to correct the problem.

CONSENT NOTICE

The undersigned does hereby consent to take any qualified written notices of allocations of patronage refunds issued by New Horizons Supply Cooperative with respect to all patronage of the undersigned distributee with the association occurring during the current and all subsequent taxable years of the association, into account at their stated dollar amounts, for income tax purposes, in the year in which any such qualified written notices of allocations are received by the undersigned.

If your purchases from New Horizons Supply Cooperative are only personal items for you and your family, you do not have to include your refund in your reported income.

But, if you are a farmer or business person who purchases goods and services from New Horizons Supply Cooperative used to operate your farm or business, and if you have taken these purchases as a business expense on your tax return, then you need to include the cooperative refund as income.

CHARGE ACCOUNT AGREEMENT

1. I will pay cash price (including taxes) of goods charged to my accounts together with applicable Finance Charge.
2. Open Account charges made in any one month are DUE AND PAYABLE IN FULL by the last day of the following month.
3. **DEFAULT.** I understand that A FINANCE CHARGE OF 1.5% MONTHLY, which is an (ANNUAL PERCENTAGE RATE OF 18%) will be applied to that part of any balance that resulted from purchases made during a calendar month, but not paid before the last day of the following month plus any previous balance less any payments or credits. Any payments or credits will be applied to the oldest amount owed. All purchases must be paid for within 60 days of when the charges first appeared on your periodic statement. After this 60 day period no further credit will be issued until payments have been received to bring this account within the terms and the credit department has reviewed the account. Discontinuance of credit may be made by the company at any time deemed necessary regardless of any other terms.
4. I will pay official fees, statutory attorney fees, and to the extent not prohibited by law any expenses incurred in taking possession, holding, preparing for disposition and disposing of collateral.
5. You have the right to amend the terms and conditions of this agreement by advising me of your intentions to do so in a manner and to the extent required by applicable law.
6. If applying for a Joint Account, both of us agree to be bound by the terms of this agreement and each of us agree to be jointly and severally for payment.
7. You shall have the right to limit or terminate my charge account, but termination shall not affect my obligation to pay an existing balance. If I have not paid the amounts billed by two occasions with a 12-month period and fail to cure the default within 15 days after you send me written default notice in accordance with applicable law, you may declare the entire balance due and payable. Your waiver of any default shall not operate as a waiver of any other default.
8. **PUMP 24.** Billing will be done on your regular monthly statement. Our credit policy will be enforced. If your account exceeds 60 days, your card will be LOCKED OUT and you will not be able to pump gas.
9. **SCHEDULED ROUTE DELIVERY** fuel accounts will be removed from route delivery service (you will be required to monitor your tank) if the account exceeds 60 days.
10. **SECURITY INTEREST.** To secure full payment and performance of all of my obligations and the entire indebtedness under my accounts, you (New Horizons Supply Cooperative) are hereby granted a security interest under the Uniform Commercial Code in and to all merchandise purchased with my accounts with New Horizons Supply Cooperative.
11. Your Cooperative, pursuant to its Articles of Incorporation and By-Laws has the security interest of a first lien on the capital stock or equities of the Cooperative held by any patron for any debt by that person that is deemed otherwise uncollectible by the Board of Directors.

NEW HORIZONS SUPPLY COOPERATIVE - PATRON CONSENT AND SUBSTITUTE IRS FORM W-9

I hereby consent to include in my gross income, as now or hereafter provided in the federal income tax laws, the stated dollar amount of each written notice of allocation which I receive from **NEW HORIZONS SUPPLY COOPERATIVE, FENNIMORE, WI**, with respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This consent shall be revocable by me at any time in writing.

NAME ON SOCIAL SECURITY CARD OR LEGAL NAME >>>

Check appropriate box: () Individual or a sole proprietor () Partnership, LLC, Corporation () Other Entity

ADDRESS

BIRTH DATE

Mo.	-	Day	-	Year
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CITY STATE ZIP

PHONE #

-	-
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TAXPAYER IDENTIFICATION NUMBER

Individuals and sole proprietors, enter your SOCIAL SECURITY NUMBER >>>

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All others, enter your FEDERAL EMPLOYER IDENTIFICATION NUMBER >>>

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CERTIFICATION

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number, and
- 2) I am not subject to backup withholding, and
- 3) I am a U.S. citizen or U.S. person as defined in the IRS Form W-9 instructions.

^ NEW HORIZONS A/C NUMBER ^

CERTIFICATION INSTRUCTIONS:

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

SIGNATURE

TITLE, if applicable

DATE